Edgar Filing: CITIZENS FINANCIAL GROUP INC/RI - Form 4

CITIZENS Form 4 June 25, 202	FINANCIAL GI 15	ROUP INC	C/RI								
FORM	ЛЛ								OMB AF	PROVAL	
	Washington, D.C. 20549								OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 c	ger STATE to STATE 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Expires: January 31 2005 Estimated average burden hours per response 0.5		
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	7(a) of the	Public U		ding Com	ipany	Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Aboaf Eric W.			2. Issuer Name and Ticker or Trading Symbol CITIZENS FINANCIAL GROUP				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			INC/RI	[CFG]				(Check	k un upplicuble)	
	^(First) ENS FINANCIA NC., 600 WASH		3. Date of (Month/D 06/23/2		ransaction			Director _X Officer (give below) Chief I		Owner er (specify er	
	(Street)			ndment, Da nth/Day/Year	nent, Date Original Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
STAMFOR	RD, CT 06901							Form filed by M Person	lore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-E	Derivative S	Securi	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			n Date, if	3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	06/23/2015			Code V A	Amount 71,487 (1)	or (D) A	Price \$ 0	(Instr. 3 and 4) 71,487	D		
Common Stock	06/23/2015			F	972	D	\$ 28.27	70,515	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: CITIZENS FINANCIAL GROUP INC/RI - Form 4

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Aboaf Eric W. C/O CITIZENS FINANCIAL GROUP, INC. 600 WASHINGTON BLVD. STAMFORD, CT 06901			Chief Financial Officer				
Signatures							
/s/ Lindsey Cameron, as Attorney-in-Fact	06/25/2015						
**Signature of Reporting Person	Date						
Evenlay attack of Deensers							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Reflects two awards in respect of shares of common stock of the company, par value \$0.01, which have been granted to the filer pursuant(1) to the Citizens Financial Group, Inc. 2014 Omnibus Incentive Plan, including one award of shares of common stock and one award of restricted stock units.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.